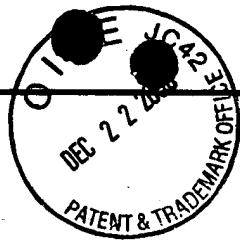


**TRANSMITTAL
FORM**



Application Serial Number	09/292,217
Filing Date	April 15, 1999
First Named Inventor	Gillies
Group Art Unit	1646
Examiner Name	F. Hamud
Attorney Docket No.	LEX-004
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

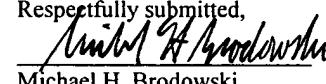
<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Amendment/Response (9 pgs.) <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] 		
<input checked="" type="checkbox"/> Petition for Extension of Time (1 pg.)		
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 		

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	Respectfully submitted,  Michael H. Brodowski Attorney for Applicant Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110

FEE TRANSMITTAL
FY 2001



Complete if Known	
Application Serial Number	09/292,217
Filing Date	April 15, 1999
First Named Inventor	Gillies
Group Art Unit	1646
Examiner Name	F. Hamud
Attorney Docket No.	LEX-004

METHOD OF PAYMENT		FEES CALCULATION (continued)		
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES Large Entity Small Entity Fee (\$) Fee (\$) Fee Description Fee Paid		
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		130 65 Surcharge - late filing fee or oath 50 25 Surcharge - late provisional filing fee or cover sheet 130 130 Non-English specification 2,520 2,520 For filing a request for reexamination 110 55 Extension for reply within first month 390 195 Extension for reply within second month 890 445 Extension for reply within third month 1,390 695 Extension for reply within fourth month 1,890 945 Extension for reply within fifth month 310 155 Notice of Appeal 310 155 Filing a brief in support of an appeal 270 135 Request for oral hearing 130 130 Petitions to the Commissioner 50 50 Petitions related to provisional applications 180 180 Submission of Information Disclosure Statement (37 CFR 1.97(c)) 180 180 Submission of Information Disclosure Statement (37 CFR 1.97(d)) 710 355 Filing a submission after final rejection (37 CFR 1.129(a)) 710 355 For each additional invention to be examined (37 CFR 1.129(b))		
FEES CALCULATION				
1. FILING FEE				
Large Entity Fee (\$) Fee Description Fee Paid				
710	Utility filing fee			
320	Design filing fee			
150	Provisional filing fee			
Number Number Rate Amount Filed Extra				
Total Claims	- 20 =	x \$ 18.00 =		
Independent Claims	- 3 =	x \$ 80.00 =		
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$270.00 =		
TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$) 0.00				
2. AMENDMENT CLAIM FEES				
Claims Highest No. Present Rate Fee Paid Remaining Previously Extra After Amend. Paid For				
Total	39	- 27 =	12	x \$ 18.00 = 216.00
Indep.	4	- 3 =	1	x \$ 80.00 = 80.00
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$270.00 =	0.00
TOTAL: (\$) 296.00 SMALL ENTITY DISCOUNT: (\$) 0.00 SUBTOTAL (2) (\$) 296.00				
SUBTOTAL (1) 0.00 SUBTOTAL (2) 296.00 SUBTOTAL (3) 890.00				
TOTAL (\$) 1,186.00				
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK		
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		Respectfully submitted,  Michael H. Brodowski Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110		